

**MEDICAL DIRECTION COMMISSION**  
**MINUTES**  
**June 21, 2002**  
**1647 E. Morten, Training Room**

**Members Present:** Drs. Michael Ward, Frank Walter, Robert Vavrick, Wendy Ann Lucid, Peter W. Vann, and Phillip C. Richemont

**Members Absent:** Drs. Harvey Meislin, Barry Kriegsfield, John Raife Jr., and Michel Sucher

**Ex-Officio Members Present:** Dr. Kay Lewis

**Ex-Officio Members Absent:** Dr. Richard Thomas

**Guests Present:** Gregg Boyer, Mark Venuti, Dr. John Gallagher, and Barbara Glickman-Williams

**BEMS Staff Present:** Judi Crume, Larry Heidenberg, Donna Meyer, Howard Schwartz, Robin Clark, and Donna Meyer

**I. CALL TO ORDER**

The Vice Chairman Dr. Vavrick called the regular meeting of the Medical Direction Commission to order at 10: 45 a.m. A quorum was present.

**II. DISCUSS/AMEND and/or APPROVAL OF MINUTES**

A motion was made by Dr. Walter and seconded by Dr. Lucid to approve the June 21, 2002 agenda and minutes of April 26, 2002 with no corrections. Motion carried.

**III. REPORT FROM THE OFFICE OF THE DIRECTOR**

- The Legislature completed the 2003 budget
- EMS budget remains the same
- Tobacco tax referendum will increase tax for cigarettes by 60 cents per pack
  - It will go to the vote of the people in November
  - If it goes though this would be used for trauma utilization
- The new Arizona Department of Health Services' building will be located at the new Capitol Mall near 1740 W. Adams. They are in the process of constructing it and also a new State Lab.
- The Bureau will relocate to the Capitol in about a year
- The Department of Health Services is working with the Department of Environmental Quality and the fire authorities on the situation in the Show Low area
- The Bureau is in the process of working on Rural AED grant application which is a 12.5 million dollar grant. Working together with several agencies. The grant application is due July 14, 2002.

**IV. CHAIRMAN'S REPORT**

- A. Membership Updates** – Dr. Vavrick reported that there is one vacancy in the “EMS Physician Specializing in Trauma Surgery” category. Dr. Vavrick presented Dr. Philip Richemont his Loyalty Oath.

V. **COMMITTEE REPORTS**

- A. **Protocols, Medications, and Devices Committee** – The committee did not meet.

VI. **RULES STATUS REPORT**

- A. **Hazmat** – The Hazmat Protocol was recently approved through exempt rule R9-25-807. This was done through a collaborative effort with the Emergency Medical Services Council, Medical Direction Commission, and a focus group. The actual language was based on language drafted by the Emergency Medical Services Council, Rules Committee that was slightly modified.
- B. **Drug Box** – The Drug Box rule 803 was recently revised. A memo was mailed out dated June 5, 2002 which had a typographical error. A notice of correction was sent June 14, 2002 (EMT-P and Qualified EMT-I Drug List and the EMT-I Drug List found in exhibit 1) correcting the concentrations of Furosemide (should read 40 mg/4 mL.) and Bumetanide (should read 0.25 mg/1 mL.). An updated drug box list was also attached and distributed to the committee.
- C. **Amiodarone Added to the Drug Box as an Optional Drug** – There have been questions regarding the addition on the EMT-P and Qualified EMT-I Drug List of Amiodarone as an optional drug. This was added based upon input that the Bureau received from the Acting Medical Director and other providers. On Exhibit 2 (Intravenous Infusions to Be Monitored by Appropriate Level of EMT Personnel) Amiodarone was listed as applicable for EMT-Is. These are not the new EMT-Is, they are the existing. There has been some concern that the Bureau may have misinterpreted recommendations received from the EMS Council or the Medical Direction Commission.

The rational for not putting Amiodarone on the drug box was that it was expensive, there were heat questions, and by making it an optional drug we were concerned that we would place agencies at risk. The consensus was that transport was one thing but carrying as optional was out.

Discussion ensued regarding the problems with Amiodarone. This was discussed at PMD and then brought to MDC. Some of the problems that were discussed were keeping it cooled, cost, it takes a long time to mix up and that it never had been proved to save lives.

The group questioned whether the Bureau can reconsider removing Amiodarone. Dr. Ward asked that Amiodarone be put on the next agenda as an action item.

**Item:** Amiodarone – Exhibit 2. - Should this be listed for EMT-Is  
**Follow Up:** Next Medical Direction Commission Meeting (Action Item)  
**When:** October 25, 2002

Dr. Gallagher recommended that the Bureau discuss the Amiodarone issue with the director.

## **VII. OLD BUSINESS**

- A. Report Adverse Effects of the RSI Pilot Project** – Dr. Gallagher stated that Phoenix Fire has not had any adverse effects. Mesa Fire reported 24 RSIs (a copy of the report is available through the Bureau)– no adverse effects. Dr. Ward reported that Havasu Samaritan Medical Center had 6 successful RSIs and no adverse affects.
- B. Approve Versed Drug Profile** – A typographical error under Indications and Field Use – Management of acute agitation (Delete the letter B) replace with a slash. The line should read: Management of acute agitation/Treat cause first.

This was added as an optional drug on the drug list. Optional that it be carried on the vehicle and optional that it be used. Even if valium is available you still can use versed as an optional drug.

It was recommended that we stipulate IM be an option if you can't get an IV. Suggested relying on the Medical Director to explain to the medics.

It was recommended that we add IV after Emergency Intubation and under Adult Dosages to add (IM if IV access is unattainable) IV preferred .2 mg/kg IM.

It was recommended that the Adult IM Dosage of 2 to 5 mg on the Versed Drug Profile is too low compared to recent studies with Versed. Studies showed 10 to 15 IM. It was recommended to change the dose to 0.2 mg per kilogram for Patients 14 to 60 years of age and Patients over 60 years of age.

A motion was made by Dr. Vann and seconded by Dr. Ward to approve the Versed drug profile with changes. **Motion carried.**

It was recommended that once the modifications are approved to have someone with the proper background and who knows the medical terminology make the appropriate changes. E-mail existing version and ask them to make the changes and then e-mail to the other committee members to avoid any confusion.

**Item:** Midazolam Versed Drug Profile  
**Follow Up:** E-mail existing profile to Dr. Vavrick to make corrections  
**When:** ASAP

## **VIII. NEW BUSINESS**

It was recommended that any new agenda items be submitted at least 30 days prior to the meeting date.

## **IX. CALL TO THE PUBLIC**

Dr. Vavrick made a call to the public. No one came forward.

## **X. NEXT MEETING**

The next regular meeting will be held October 25, 2002

**XI. ADJOURNMENT**

The meeting adjourned at 11:25 a.m.

Approved by: MDC 10/25/02